

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	REMARKS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TZ	5C947	12/26/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 -/- ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

Claim		Date	
Final	Original		
47	51	✓	11/16
48	52	✓	11/16
49	53	✓	11/16
50	54	✓	11/16
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53	57	✓	11/16
54	58	✓	11/16
55	59	✓	11/16
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62	66	✓	11/16
63	67	✓	11/16
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85	89	✓	11/16
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91	95	✓	11/16
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93	97	✓	11/16
94	98	✓	11/16
95	99	✓	11/16
96	100	✓	11/16